

**CARLISLE INDIAN INDUSTRIAL SCHOOL**  
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

1		3848						
NUMBER	ENGLISH NAME	AGENCY	NATION					
4729	Joseph Bernier	Bad River Agency	Chippewa					
BAND	INDIAN NAME	HOME ADDRESS						
Bad River		La Pointe Agency, Wis.						
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
		1/4	17	5-8	142	35 1/2	30	M.
FATHER,	MOTHER,	FOR WHAT PERIOD		DATE DISCHARGED		CAUSE OF DISCHARGE		
		Five years		Oct. 2, 1913		Deserter		
ARRIVED AT SCHOOL		TO COUNTRY			PATRONS NAME AND ADDRESS			FROM COUNTRY
Feb. 2, 1912		5-1-12			Henry McEwen, Martins Creek, Pa.			6-1-12
		6-18-13			Ran 7 - should have been reported earlier			

Months in school before Carlisle, ..... 80 .....

Grade entered at Carlisle, ..... 7 .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .....

NAME Joseph Bernier Sex  Male.  Female.

Tribe Chippewa State Wis Jan 8, 1912

Age 17 years Respiration 18 Condition of, Eyes Good

Height 5 ft. 9 1/2 ins. Mensuration { Insp. 33 1/2 Ears Normal

Weight 138 lbs. { Exp. 31 Throat Normal

Temperature 98 1/2 Vaccination Has a mark Cervical glands Normal

Pulse 72 Vision Good Skin Normal

Inspection Negative

Palpation Negative

Percussion Negative

Auscultation Negative

Heart Normal

(Menstruation) \_\_\_\_\_

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			45?	Does not know
Mother		Good	41	Dropsey, Does not know whether due to heart or kidneys
Brothers	6 M L 30 20 23 24 26 29	Good Good Good Good	?	Knows nothing about them
Sisters	1 D 1 L 0 D	27 Good		

Personal history Has had scarlet fever, otherwise he has always been well.

Present condition In good health at the present time

J. M. Meyers, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil. Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks. The reverse side is intended as a card-index case-record for use by all Service physicians. 6-1955



318

5-192 a.

BRIEF.

APPLICATION OF

*George Bernier*

FOR THE ENROLLMENT OF

*Joseph Bernier*

IN THE INDIAN SCHOOL AT

*Carlisle, Penn*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*LaPointe Agency, Wis.*

Date of enrollment, \_\_\_\_\_, 190

Term of enrollment, *Five* ( *5* ) years.

NAME OF COLLECTING AGENT:

Position, \_\_\_\_\_

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa.

of Joseph Bernier (Name of child.); M (Sex.); date of birth July 17<sup>th</sup> 1894;  
Chippewa (Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Charles Bernier</u>	<u>Unknown</u>	<u>White</u>		
NAME OF MOTHER.				
<u>Charlotte Bernier</u>	<u>Dead</u>	<u>Chippewa</u>	<u>Bad River</u>	<u>1/2</u>

I, George Bernier (Parent, guardian, or next of kin.), do hereby voluntarily consent and agree to his enrollment in said school for a period of Five (Not less than 3.) years, and also obligate myself to abide by all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>St Agnes, Ashland Wis</u>	<u>1901</u>	<u>1908</u>	<u>Left Town</u>	<u>8<sup>th</sup></u>
2.				
3.				
4.				

George Bernier  
(Parent, guardian, or next of kin.)

P. O. address: Ashland

Wisconsin

Two witnesses:

R. G. Podreese  
L. M. Stoddard

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This 8 day of Jan, 1902

J. M. Meyers  
Physician at Bad River Reservation Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of George Bernier was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 10 day of January, 1902

J. H. Campbell  
SUPT. AND SPECIAL DISB. AGT Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on \_\_\_\_\_, I made a careful examination of the physical condition of \_\_\_\_\_, the child named in the foregoing application, and found \_\_\_\_\_ to be \_\_\_\_\_

(As soon after arrival as possible.)

I therefore recommend that the said child be \_\_\_\_\_ enrolled in this school.

This \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_

School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

## INDORSEMENTS.

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The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

*Provided*, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

3848

## CARLISLE INDIAN SCHOOL

No. 4729	NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.
Joseph Bernier		17	Chippewa	1/4	La Point, Wis -
DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.	Distance to nearest public school from pupil's home.	REMARKS.	
Feb. 2, 1912	80	On entering here.	At date of this report.	(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)	
				To COUNTRY	FROM COUNTRY
				6-18-13	Ran from country @ Wis
					Catholic

Progress from \_\_\_\_\_, to \_\_\_\_\_

(Date)

(Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic standing*								
Industrial standing* (Department)								
Musical: Band standing*								
Vocal standing*								
Orchestra standing*								
Deportment standing*								
Physical condition								

Remarks:



1-567 a  
Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

V  
384  
Name

*Joseph Bernier*

(Please give name by which enrolled and also present or married name.)

Tribe

*Chippewa*

Present Address

*410 Prentice Ave*

Former Address

*617 15<sup>th</sup> Ave S.E. Minneapolis*

(Address from which we heard from you last.)

Present Occupation

*Chauffer*

Remarks:

*Regards to all my friends, am in perfect health, and running auto for Judge Harin of Ashland, Wis.*



**OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL**

Name of Student	Home Address				Tribe												
Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron																	
Address			R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned		Wages	Earnings													



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June 23rd, 1915.

Mr. P. S. Everest,  
Superintendent, The La Pointe Agency,  
Ashland, Wis.

My dear Sir:

This is to report to you that Joseph Bernier has deserted from this school and that we have not been able to locate him.

If he arrives at his home I would thank you to notify me so that our efforts on this end can be discontinued.

Very truly yours,

HKM.

Superintendent.